



INCINERATORS OR FLARES
ANNUAL EMISSION INVENTORY REPORT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 11624 (12-05) (AP-303)

GENERAL

Name of Firm or Organization		Year of Emissions	
Mailing Address	City	State	ZipCode
Permit to Operate Number/Source	Schedule or Operation - Hours Per year		
Equipment Manufacturer's Name	Maximum Rated Capacity (Specify Units)		

WASTE INFORMATION

Type of Wastes Burned - (see 1.1.A Waste Classification Chart)	Quantity (Specify Units)
Type 0 Trash *	
Type 1 Rubbish	
Type 2 Refuse	
Type 3 Garbage	
Type 4 Pathological - Animal Solids & Organic Wastes	
Type 5 Gaseous, Liquid or Semi-Liquid Waste	
Type 6 Semi-Solid & Solid Wastes *	
Other Specify *	
Other Specify *	

* Describe Below

Type	Origin	Description	Chemical Composition
*Type 0 with more than 10% plastic/rubber			
*Type 5			
*Type 6			
*Other Specify			

STACK EMISSIONS

Air Contaminant	Quantity	
	Pounds Per Hour (average)	Tons Per Year
Particulate - Total		
PM10 (Particulate < 10 microns)		
Sulfur Dioxide		
Nitrogen Oxides		
Carbon Monoxide		
Total Organic Compounds: Nonmethane		

Basis for quantities listed under Stack Emissions; provide calculations:

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to:

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947
Telephone: (701)328-5188